



The Commonwealth of Massachusetts  
**Division of Health Professions Licensure**  
Board of Registration in Dentistry  
239 Causeway Street, 2nd Floor, Suite 200  
Boston, MA 02114  
(617)973-0971  
[www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)

### INSTRUCTIONS FOR DENTAL HYGIENE INITIAL LICENSURE

- ☐ **Proof of Graduation** - Original transcript with school seal or original letter from Dean's office indicating date of issuance of diploma must be included with application. **PHOTOCOPY NOT ACCEPTED.**
- ☐ **National Board Certification Part I** - Submit either a photocopy of certificate or original National Board Card issued by ADA.
- ☐ **Proof of Regional or State Board Examination** - Proof of other regional or state examinations must be attached to the application. NERB exam scores are sent to the Board monthly, therefore a copy of NERB certificate is not necessary.
- ☐ **Photograph** - Attach passport size photo to first page of application where indicated.
- ☐ **Application and License Fee** - \$84 (\$40 Application Fee and \$44 License fee) must accompany application. Check or money order must be made payable to the Commonwealth of Massachusetts. Cash is not accepted. All fees are non-refundable.
- ☐ **Ethics and Jurisprudence Exam** – The ethics and jurisprudence exam is an open book test designed to ensure knowledge of the Laws and Regulations of the state. The exam itself can be obtained by calling our office at (617) 973-0971 and one will be sent free of charge.

The exam is based on (1) Massachusetts' general laws pertaining to Dentists and Dental Hygienists and (2) Board of Registration in Dentistry Regulations 234 CMR of the Commonwealth of Massachusetts. Both documents are necessary to take the exam and are available from the State House Bookstore (Room 116), Boston, MA 02133. For the documents, fees, and/or mailing instructions contact the bookstore at (617) 727-2834. The Dental Laws and Regulations may also be obtained from our website [www.mass.gov/dph/boards](http://www.mass.gov/dph/boards) then follow directions to Board site and links.

- ☐ **Recommendations of Good Moral Character** - Letters must be from two licensed dentists (if employed one must be from a present or former employer and or faculty members). Letters must include dates of employment, if applicable.
- ☐ **Letters of Standing** - Verification of Licensure must be included in the application from each state(s) or jurisdiction(s) in which you hold or held a license. Verification of licensure must include the current status of the license, license number and any disciplinary action taken or is pending and include the official seal of the state Board
- ☐ **Practice History** - If you have ever been in dental practice in another jurisdiction or state, include a resume or practice history, including employer's contact information and dates of employment.

**To expedite the licensing process please send a complete application and all required documents to the Board:**

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**Incomplete applications will delay licensure processing.**

**PLEASE BE SURE TO RETAIN A COPY OF ALL APPLICATION  
SUBMISSIONS FOR YOUR RECORDS**



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**BOARD USE ONLY**

Issue Date: \_\_\_\_\_

License #: \_\_\_\_\_

Fee : \_\_\_\_\_

Juris Prudence: Pass \_\_\_\_\_ Fail \_\_\_\_\_

Score: \_\_\_\_\_

Exec. Dir. \_\_\_\_\_

Please attach recent  
passport size  
Photograph here.

2 X 2

\_\_\_\_\_  
Signature required

**Dental Hygiene Application**  
**Initial Licensure**

Applicant Name: \_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name/Other Name: \_\_\_\_\_

Address of Record: \_\_\_\_\_  
(No.) (Street) (Apt #) (State or Country) (Zip/Postal Code)

Most Recent Previous Address: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(No.) (Street) (Apt #) (State or Country) (Zip/Postal Code)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Sex: Female ☐ Male ☐ Height \_\_\_\_\_ (Ft.) \_\_\_\_\_ (In) Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Cell: \_\_\_\_\_

**SOCIAL SECURITY NUMBER (MANDATORY)** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Pursuant to MG.L. c. 62C, § 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the child support and tax laws of the Commonwealth.**

Graduate of: \_\_\_\_\_  
Name of Institution Location

Date Diploma or Certificate Conferred Year \_\_\_\_\_ Degree \_\_\_\_\_

**An Original Transcript or Original Letter from Dean's office must be attached)**

Regional or State Board Examination (a copy of certificate or scores must be attached to this application):

Name \_\_\_\_\_ Date of Exam \_\_\_\_\_ Score: \_\_\_\_\_

This is my first request for registration in Massachusetts: Yes ☐ No ☐

List registrations in all other states or jurisdiction with issue date and current status:

<u>State</u>	<u>License Number</u>	<u>Issue Date</u>	<u>Current Status</u>

**A certificate of standing from each state and jurisdiction in which you were licensed, indicating the status of your license and disciplinary information, must be submitted to the Board with this application.**

Are you the subject of any pending disciplinary actions or complaints by a licensing board in another state or jurisdiction? Yes ☐ No ☐ If yes, please state the details on a separate sheet .

Have you ever voluntarily surrendered or resigned a professional license to a licensing board in another state or jurisdiction? Yes ☐ No ☐ If yes, please state the details on a separate sheet .

Have you ever applied for and been denied a professional license in another state or jurisdiction? Yes ☐ No ☐ If yes, please state the details on a separate sheet.

Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes ☐ No ☐ If yes, please state the details on a separate sheet.

I certify, under pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Dentistry to deny me a license or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, (a) pursuant to MGL c. 62C, § 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law; and (b) pursuant to MGL c. 119, §51A, I understand my obligation to report the abuse and neglect of children.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data (Agency Code: MABRNG). As an applicant for authorization to practice as a Dentist, I understand that a criminal record check may be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**WALL CERTIFICATE:**

Please print name as you wish it to appear on wall certificate and address to which certificate should be mailed to:

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code